



YMCA of Greater Hartford Facility Membership Application

A. About you:

Your Name:

(first)

(MI)

(last)

Address:

Town/City:

State:

Zip Code:

Email Address:

Preferred Phone:

Birthdate:

Gender: Male

Female

Race (optional):

This information is optional and will never be shared with anyone. As a 501(C)(3) nonprofit charitable organization, this information is useful when applying for grants to support programs and services at the YMCA.

Asian/Pacific Islander

African American/Black

Alaskan Native

Hispanic/Latino

Native American

Caucasian/White

Other

Employer Name:

Employer Address:

Town/City:

State:

Zip Code:

Job Title:

Business Phone:

Emergency Contact Name:

Emergency Contact Phone:

Please fill out sections B through F *only if you did not take a tour of the facility.*

B. How did you hear about the YMCA?

Website

Flyer in Mail

Radio

Newspaper

Street Sign

Word of Mouth

Other

C. At this time, what statement best describes you?

I am good at making every day choices to be healthy and live well.

Health and well-being are important, but I have struggled to make them a regular part of my daily life. My nutritional and physical activity levels might be described as "stop and start".

Joining the Y is my first formal attempt at making every day choices to be healthy and live well.

I have developed a chronic condition that makes health and well-being a priority. Examples include high blood pressure, cancer, diabetes, obesity and recommendations by a physician.

D. Are you interested in having or being a member work-out partner?

Yes

No

E. Are you interested in joining other members as a part of a formal or informal group?

Yes

No

F. When will we see you?

Monday

Tuesday

Wednesday

Thursday

Friday

Weekend

What time of day?

Early Morning

Morning

Late Morning

Lunch

Afternoon

Evening

Late Evening

G. Do you currently engage in regular physical activity?

Yes

No

H. How active do you consider yourself?

Low (0-1x/week)

Moderate (2-3x/week)

High (more than 4x/week)

I. What are your primary interests?

Family Activities

Adult Sports Leagues

Resident Camp

Youth Aquatics

Computer Lab

Personal Training

Teen Activities

Adult Aquatics

Day Camp

Youth Sports

Library

Senior Wellness Classes

Volunteering

Adult Group Exercise

Child Care

Youth Programs

Senior Aquatics

Other:

J. How would you characterize your stress level?

Low

Moderate

High

K. How would you describe your nutritional habits?

Poor

Fair

Excellent

L. Specific Wellness Goals (check all that apply):

Feel better overall

Improve cardiovascular fitness

Reshape or tone my body

Improve sports performance

Increase energy level

Prepare for special event

Decrease pain

Reduce stress

Injury rehab

Healthier lifestyle

Build more muscle

Improve flexibility

Specific Nutritional Goals (check all that apply):

Body fat/weight loss

Improve nutrition habits

Expand general knowledge

Control blood pressure

Control cholesterol

Improve existing health conditions

M. Is there anything else you'd like to share regarding your goals?

N. Tell us about your family (family memberships only):

Second Adult:

Birthdate: _____ (first) _____ (MI) _____ (last) Gender: Male Female

Email Address: _____ Preferred Phone: _____

Race (optional):

- Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

What are his/her primary interests?

- Family Activities Adult Sports Leagues Resident Camp Youth Aquatics Computer Lab Personal Training
 Teen Activities Adult Aquatics Day Camp Youth Sports Library Senior Wellness Classes
 Volunteering Adult Group Exercise Child Care Youth Programs Senior Aquatics Other:

Other family members:

Dependent: _____ (first) _____ (MI) _____ (last) Birthdate: _____ Gender: M F

Race (optional):

- Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Dependent: _____ (first) _____ (MI) _____ (last) Birthdate: _____ Gender: M F

Race (optional):

- Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Dependent: _____ (first) _____ (MI) _____ (last) Birthdate: _____ Gender: M F

Race (optional):

- Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Dependent: _____ (first) _____ (MI) _____ (last) Birthdate: _____ Gender: M F

Race (optional):

- Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Dependent: _____ (first) _____ (MI) _____ (last) Birthdate: _____ Gender: M F

Race (optional):

- Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Dependent: _____ (first) _____ (MI) _____ (last) Birthdate: _____ Gender: M F

Race (optional):

- Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

What are their primary interests?

- Family Activities Adult Sports Leagues Resident Camp Youth Aquatics Computer Lab Personal Training
 Teen Activities Adult Aquatics Day Camp Youth Sports Library Senior Wellness Classes
 Volunteering Adult Group Exercise Child Care Youth Programs Senior Aquatics Other:



YMCA of Greater Hartford Membership Payment Authorization

A. TERMS AND CONDITIONS

The YMCA of Greater Hartford reserves the right to revoke membership privileges of any person who abuses or misuses any of the equipment or facilities located on its premises or who engages in conduct which is abusive, illegal, disruptive or poses a threat to the safety of others.

B. NOTICE TO ANNUAL PAY MEMBERS

It is understood that if I/we wish to terminate my/our annual membership, we must return all YMCA membership key tag(s) if issued. I/we also realize the YMCA Board of Directors may periodically institute dues increases in which I/we will be notified about in my renewal letter before my expiration date. It is my/our complete understanding that if we wish to terminate, YMCA membership key tag(s) and a completed Membership Cancellation Form giving the YMCA 30 days written notice prior to my/our withdrawal date must be submitted in order to receive a refund of the unused portion of my/our membership fees. I, the undersigned, have read, understand and agree to the above.

Member Signature _____ Date _____

Staff Verification _____ Date _____

C. NOTICE TO MONTHLY DRAFT PAY MEMBERS

It is my/our complete understanding that if I/we wish to terminate or change my/our membership in any way, I/we must return our YMCA membership key tag(s) and complete a Membership Cancellation Form giving the YMCA 30 days written notice prior to my/our withdrawal date. I/we understand that paying under the monthly draft plan I/we am subject to dues increases periodically by the Board of Directors and may adjust the monthly rate applicable to my/our membership category. I/we will be notified 30 days in advance. I/we understand that my/our membership will be renewed on a continual basis unless notified by myself to terminate the membership. Should any pre-authorized check/charge for my/our monthly draft not be honored by my/our financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment plus a service charge (contact branch for current fees). This service charge does not include possible fees imposed by my financial institution. I/we understand that if two monthly drafts are rejected my membership will be cancelled. I, the undersigned, have read, understand and agree to the above.

Member Signature _____ Date _____

Staff Verification _____ Date _____

D. ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or credit card payment not be honored by my financial institution, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by my financial institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for my monthly draft payment.

Financial Institution Name & Address _____

Name on Account _____ Checking Account Savings Account

Routing/Transit Number (9 digits) _____ Account Number (last four digits only) _____

I/we agree that the monthly amount debited will be \$ _____ and will draft on the 1st 15th (choose one) each month. My/our first draft will begin on _____ (date).

Authorized Signature _____ Date _____

I choose to utilize the credit card payment option for my monthly draft payment.

Visa Mastercard Discover American Express

Card Holder Name _____ Account Number XXXX-XXXX-XXXX- _____ Expiration _____

I/we agree that the monthly amount debited will be \$ _____ and will draft on the 1st 15th (choose one) each month. My/our first draft will begin on _____ (date).

Authorized Signature _____ Date _____

E. YMCA of Greater Hartford Staff to Complete this Section

Member Account Number _____ Branch _____

Membership Type _____ Initial Amount Paid \$ _____

Key Tag Given Photo Taken Raptor Screened Financial Aid Level _____ Expiration _____

Date Entered _____ Member Services Rep. _____



**YMCA OF METROPOLITAN HARTFORD
RELEASE and WAIVER OF LIABILITY and INDEMNITY
And PHOTO/TALENT RELEASE AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, **THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS** (herein referred to as "the undersigned"):

1. **MEMBER CONDUCT** I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. **INSURANCE** I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. **PROPERTY LOSS** I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.
4. **ASSUME FULL RESPONSIBILITY** I hereby assume full responsibility for and risk of bodily injury, death or property damage while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. **PHOTO/TALENT RELEASE** I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here **revoke** photo/talent release _____).
6. **RELEASEE, WAIVE, DISCHARGES** I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
7. **INDEMNIFY AND SAVE AND HOLD HARMLESS** I hereby agree to indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
8. **MEDICAL RELEASE** I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Date: _____ Printed Name of Participant _____

Signature of Participant or Parent/Guardian _____